

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Title::	Nontypeable Haemophilus Influenzae Virulence Factors
Attorney Docket Number::	28335/39196A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	7
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lauren
Middle Name::	O.
Family Name::	Bakaletz
City of Residence::	Hilliard
State or Province of Residence::	OH
Country of Residence::	US
Street of mailing address::	4825 Canterwood Court
City of mailing address::	Hilliard
State or Province of mailing address::	OH

Postal or Zip Code of mailing address:: 43026

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: S.  
Family Name:: Munson  
Name Suffix:: Jr.  
City of Residence:: Hilliard  
State or Province of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 4825 Canterwood Court  
City of mailing address:: Hilliard  
State or Province of mailing address:: OH  
Postal or Zip Code of mailing address:: 43026

#### **Correspondence Information**

Correspondence Customer Number:: 04743

#### **Representative Information**

Representative Customer Number:: 04743

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/458,234	03/27/03

#### **Assignee Information**

Assignee name:: CHILDREN'S HOSPITAL, INC.  
Street of mailing address:: 700 Children's Drive

City of mailing address:: Columbus  
State or Province of mailing address:: OH  
Postal or Zip Code of mailing address:: 43205